FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

DOCUMENT # **H93598**

1. Corporation Name
COMMERCIAL A/C SERVICE, INC.

Principal Place of Business
2224-113TH AVENUE EAST
TAMPA FL 33612

Mailing Address
2224-113TH AVENUE EAST
TAMPA FL 33612

3. Date Incorporated or Qualified: **01/09/1986**

3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21 6711 SANDSCAPE LN
Suite, Apt. #, etc.
22
23 City & State: TAMPA FL
24 Zip: 33617
25 County: Hillsboro

2a. Mailing Address
26 6711 SANDSCAPE LN
Suite, Apt. #, etc.
27
28 City & State: TAMPA FL
29 Zip: 33617
30 County: Hillsboro

4. FEI Number: **59-2626389** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, KENNETH W.
2224-113TH AVENUE EAST
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: KENNETH W. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 6711 SAND SCAPE LN
83
84 City: TAMPA FL 85 Zip Code: 33617

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: **PSD** / **MILLER, KENNETH W.** / **2224-113TH AVENUE EAST** / **TAMPA FL** ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE: PSD ☑ Change ☐ Addition
2 NAME: Miller, KENNETH W
3 STREET ADDRESS: 6711 SANDSCAPE LN
4 CITY-ST-ZIP: TAMPA, FL 33617

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, that the proper fee is enclosed or has been previously paid, for the corporation stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth W. Miller KENNETH W. Miller president 4-8-96 813-229-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number